



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/08/2014

Business ID: 242667

William M. Gardner

Secretary of State

ENERFAB, INC.

4955 SPRING GROVE AVE
CINCINNATI, OH 45232

ENTITY TYPE: CORPORATION

BUSINESS ID: 242667

STATE OF DOMICILE: OHIO

MANUFACTURING, ANY LAWFUL ACT/ACTIVITY FOR WHICH CORP
MAY BE ORGANIZED, ETC.

ADDRESS OF PRINCIPAL OFFICE:

4955 SPRING GROVE AVE

CINCINNATI, OH 45232

REGISTERED AGENT AND OFFICE:

LAWYERS INCORPORATING SERVICE

14 CENTRE STREET

CONCORD, NH 03301

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Jeffrey P Hock

STREET 4955 Spring Grove Ave

CITY/STATE/ZIP Cincinnati OH 45232

PRES. Wendell R Bell

STREET 4955 Spring Grove Ave

CITY/STATE/ZIP Cincinnati OH 45232

TREAS. Daniel J Sillies

STREET 4955 Spring Grove Ave

CITY/STATE/ZIP Cincinnati OH 45232

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. David F Herche

STREET 4955 Spring Grove Ave

CITY/STATE/ZIP Cincinnati OH 45232

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Daniel J Sillies

Please print name and title of signer:

Daniel J Sillies

NAME

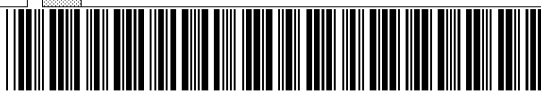
/

TREASURER

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



024266720141500

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301